FORM PFS PERSONAL FINANCIAL STATEMENT **COVER SHEET** PAGE 1 PAGE# Filed in accordance with chapter 572 of the Government Code. 33 For filings required in 2018, covering calendar year ending December 31, 2017. ACCOUNT # Use FORM PFS--INSTRUCTION GUIDE when completing this form. 00020990 1 NAME TITLE; FIRST; MI **OFFICE USE ONLY** The Honorable Royce Date Received **ELECTRONICALLY FILED** NICKNAME; LAST; SUFFIX 02/12/2018 West 2 ADDRESS ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP Receipt # 320 South R. L. Thornton Freeway Suite 300 HD / PM Amount Dallas, TX 75203-1804 Date Processed (CHECK IF FILER'S HOME ADDRESS) **TELEPHONE** AREA CODE PHONE NUMBER; EXTENSION Date Imaged NUMBER REASON FOR FILIING STATEMENT X CANDIDATE State Senate _____ (INDICATE OFFICE) ELECTED OFFICER (INDICATE OFFICE) APPOINTED OFFICER (INDICATE AGENCY) EXECUTIVE HEAD __ (INDICATE AGENCY) FORMER OR RETIRED JUDGE SITTING BY ASSIGNMENT STATE PARTY CHAIR ______ (INDICATE PARTY) OTHER _____ (INDICATE POSITION) 5 Family members whose financial activity you are reporting (see instructions). Carol West SPOUSE **DEPENDENT CHILD** In Parts 1 through 18, you will disclose your financial activity during the preceding calendar year. In Parts 1 through 14, you are required to disclose not only your own financial activity, but also that of your spouse or a dependent child (see instructions).

SOURCES OF OCCUPATIONAL INCOME PART 1A If the requested information is not applicable, indicate that on Page 2 of the Cover Sheet, and DO NOT include this page in the report. When reporting information about a dependent child's activity, indicate the child about whom you are reporting by providing the number under which the child is listed on the Cover Sheet. 1 INFORMATION RELATES TO X FILER SPOUSE DEPENDENT CHILD ___ 2 EMPLOYMENT NAME AND ADDRESS OF EMPLOYER / POSITION HELD X EMPLOYED BY ANOTHER (Check if Filer's Home Address) **EMPLOYER** STATE OF TEXAS ADDRESS / PO BOX; APT / SUITE #; CITY; STATE: ZIP CODE 1400 N. CONGRESS AVENUE ROOM 1E.3 AUSTIN, TX 78701-1932 **POSITION HELD** STATE SENATOR NATURE OF OCCUPATION SELF-EMPLOYED INFORMATION RELATES TO X FILER SPOUSE DEPENDENT CHILD ___ NAME AND ADDRESS OF EMPLOYER / POSITION HELD **EMPLOYMENT** EMPLOYED BY ANOTHER (Check if Filer's Home Address) **EMPLOYER SELF** ADDRESS / PO BOX; APT / SUITE #; ZIP CODE CITY: STATE: 320 SOUTH R. L. THORNTON FREEWAY SUITE 300 DALLAS, TX 75203-1804 POSITION HELD NATURE OF OCCUPATION X SELF-EMPLOYED **LEGAL**

If the requested information is not applicable, indicate that on Page 2 of the Cover Sheet, and DO NOT include this page in the report.

List each business entity in which you, your spouse, or a dependent child held or acquired stock during the calendar year and indicate the category of the number of shares held or acquired. If some or all of the stock was sold, also indicate the category of the amount of the net gain or loss realized from the sale. For more information, see FORM PFS--INSTRUCTION GUIDE.

1	BUSINESS ENTITY	ALIBABA GROUP HO		NAME	
2	STOCK HELD OR ACQUIRED BY	X FILER	SPOUSE	DEPENDENT CHILD)
3	NUMBER OF SHARES	LESS THAN 100	100 TO 499	X 500 TO 999	1,000 TO 4,999
4	IF SOLD NET GAIN NET LOSS	LESS THAN \$5,000	\$5,000 - \$9,999	\$10,000 - \$24,999	\$25,000OR MORE
	BUSINESS ENTITY	ALTABA INC REG SH	1 S FORMERLY YAHOO	NAME) INC	
	STOCK HELD OR ACQUIRED BY	X FILER	SPOUSE	DEPENDENT CHILD	
	NUMBER OF SHARES	LESS THAN 100	100 TO 499 10,000 OR MORE	500 TO 999	X 1,000 TO 4,999
	IF SOLD NET GAIN NET LOSS	LESS THAN \$5,000	\$5,000 - \$9,999	\$10,000 - \$24,999	\$25,000OR MORE
	BUSINESS ENTITY	ALTRIA GROUP INC	1	NAME	
	BUSINESS ENTITY STOCK HELD OR ACQUIRED BY	ALTRIA GROUP INC	SPOUSE	NAME DEPENDENT CHILD)
	STOCK HELD OR				X 1,000 TO 4,999
	STOCK HELD OR ACQUIRED BY	X FILER LESS THAN 100	SPOUSE 100 TO 499	DEPENDENT CHILD	
	STOCK HELD OR ACQUIRED BY	X FILER LESS THAN 100	SPOUSE 100 TO 499	DEPENDENT CHILD	
	STOCK HELD OR ACQUIRED BY NUMBER OF SHARES IF SOLD NET GAIN	X FILER LESS THAN 100 LESS THAN 10K	SPOUSE 100 TO 499 10,000 OR MORE \$5,000 - \$9,999	DEPENDENT CHILD	X 1,000 TO 4,999
	STOCK HELD OR ACQUIRED BY NUMBER OF SHARES IF SOLD NET GAIN NET LOSS	X FILER LESS THAN 100 LESS THAN 10K LESS THAN \$5,000	SPOUSE 100 TO 499 10,000 OR MORE \$5,000 - \$9,999	DEPENDENT CHILD 500 TO 999 \$10,000 - \$24,999	X 1,000 TO 4,999 \$25,000OR MORE
	STOCK HELD OR ACQUIRED BY NUMBER OF SHARES IF SOLD NET GAIN NET LOSS BUSINESS ENTITY STOCK HELD OR	X FILER LESS THAN 100 LESS THAN 10K LESS THAN \$5,000 AMAZON COM INC C X FILER LESS THAN 100	SPOUSE 100 TO 499 10,000 OR MORE \$5,000 - \$9,999 OM SPOUSE X 100 TO 499	DEPENDENT CHILD 500 TO 999 \$10,000 - \$24,999	X 1,000 TO 4,999 \$25,000OR MORE
	STOCK HELD OR ACQUIRED BY NUMBER OF SHARES IF SOLD NET GAIN NET LOSS BUSINESS ENTITY STOCK HELD OR ACQUIRED BY	X FILER LESS THAN 100 LESS THAN 10K LESS THAN \$5,000 AMAZON COM INC C	SPOUSE 100 TO 499 10,000 OR MORE \$5,000 - \$9,999 OM SPOUSE	DEPENDENT CHILD 500 TO 999 \$10,000 - \$24,999 NAME DEPENDENT CHILD	X 1,000 TO 4,999 \$25,000OR MORE
	STOCK HELD OR ACQUIRED BY NUMBER OF SHARES IF SOLD NET GAIN NET LOSS BUSINESS ENTITY STOCK HELD OR ACQUIRED BY	X FILER LESS THAN 100 LESS THAN 10K LESS THAN \$5,000 AMAZON COM INC C X FILER LESS THAN 100	SPOUSE 100 TO 499 10,000 OR MORE \$5,000 - \$9,999 OM SPOUSE X 100 TO 499	DEPENDENT CHILD 500 TO 999 \$10,000 - \$24,999 NAME DEPENDENT CHILD	X 1,000 TO 4,999 \$25,000OR MORE

If the requested information is not applicable, indicate that on Page 2 of the Cover Sheet, and DO NOT include this page in the report.

List each business entity in which you, your spouse, or a dependent child held or acquired stock during the calendar year and indicate the category of the number of shares held or acquired. If some or all of the stock was sold, also indicate the category of the amount of the net gain or loss realized from the sale. For more information, see FORM PFS--INSTRUCTION GUIDE.

1 BUSINESS ENTITY	AMERICAN AIRLINES		NAME	
2 STOCK HELD OR ACQUIRED BY	X FILER	SPOUSE	DEPENDENT CHILD)
3 NUMBER OF SHARES	LESS THAN 100	100 TO 499	500 TO 999	X 1,000 TO 4,999
	LESS THAN 10K	10,000 OR MORE		
4 IF SOLD NET GAIN NET LOSS	LESS THAN \$5,000	\$5,000 - \$9,999	\$10,000 - \$24,999	\$25,000OR MORE
BUSINESS ENTITY			NAME	
CTOCK HELD OD	AMERICAN INTERNA	TIONAL GROUP INC		
STOCK HELD OR ACQUIRED BY	X FILER	SPOUSE	DEPENDENT CHILD)
NUMBER OF SHARES	LESS THAN 100	100 TO 499	500 TO 999	X 1,000 TO 4,999
	LESS THAN 10K	10,000 OR MORE		
IF SOLD NET GAIN NET LOSS	LESS THAN \$5,000	\$5,000 - \$9,999	\$10,000 - \$24,999	\$25,000OR MORE
DI ICINIECC ENTITY			NAME	
BUSINESS ENTITY	APPLE INC	1	NAME	
BUSINESS ENTITY STOCK HELD OR ACQUIRED BY	APPLE INC X FILER	SPOUSE	NAME DEPENDENT CHILD)
STOCK HELD OR				1,000 TO 4,999
STOCK HELD OR ACQUIRED BY	X FILER	SPOUSE	DEPENDENT CHILD	_
STOCK HELD OR ACQUIRED BY	X FILER LESS THAN 100	SPOUSE 100 TO 499	DEPENDENT CHILD	_
STOCK HELD OR ACQUIRED BY NUMBER OF SHARES IF SOLD NET GAIN	X FILER LESS THAN 100 X LESS THAN 10K	SPOUSE 100 TO 499 10,000 OR MORE \$5,000 - \$9,999	DEPENDENT CHILD	1,000 TO 4,999
STOCK HELD OR ACQUIRED BY NUMBER OF SHARES IF SOLD NET GAIN NET LOSS BUSINESS ENTITY	X FILER LESS THAN 100 X LESS THAN 10K	SPOUSE 100 TO 499 10,000 OR MORE \$5,000 - \$9,999	DEPENDENT CHILD 500 TO 999 \$10,000 - \$24,999	1,000 TO 4,999
STOCK HELD OR ACQUIRED BY NUMBER OF SHARES IF SOLD NET GAIN NET LOSS	X FILER LESS THAN 100 X LESS THAN 10K LESS THAN \$5,000	SPOUSE 100 TO 499 10,000 OR MORE \$5,000 - \$9,999	DEPENDENT CHILD 500 TO 999 \$10,000 - \$24,999	1,000 TO 4,999 \$25,000OR MORE
STOCK HELD OR ACQUIRED BY NUMBER OF SHARES IF SOLD NET GAIN NET LOSS BUSINESS ENTITY STOCK HELD OR	X FILER LESS THAN 100 X LESS THAN 10K LESS THAN \$5,000 AT&T INC	SPOUSE 100 TO 499 10,000 OR MORE \$5,000 - \$9,999	DEPENDENT CHILD 500 TO 999 \$10,000 - \$24,999	1,000 TO 4,999 \$25,000OR MORE
STOCK HELD OR ACQUIRED BY NUMBER OF SHARES IF SOLD NET GAIN NET LOSS BUSINESS ENTITY STOCK HELD OR ACQUIRED BY	X FILER LESS THAN 100 X LESS THAN 10K LESS THAN \$5,000 AT&T INC X FILER	SPOUSE 100 TO 499 10,000 OR MORE \$5,000 - \$9,999	DEPENDENT CHILD 500 TO 999 \$10,000 - \$24,999 NAME DEPENDENT CHILD	1,000 TO 4,999 \$25,000OR MORE
STOCK HELD OR ACQUIRED BY NUMBER OF SHARES IF SOLD NET GAIN NET LOSS BUSINESS ENTITY STOCK HELD OR ACQUIRED BY	X FILER LESS THAN 100 X LESS THAN 10K LESS THAN \$5,000 AT&T INC X FILER LESS THAN 100	SPOUSE 100 TO 499 10,000 OR MORE \$5,000 - \$9,999	DEPENDENT CHILD 500 TO 999 \$10,000 - \$24,999 NAME DEPENDENT CHILD	1,000 TO 4,999 \$25,000OR MORE

If the requested information is not applicable, indicate that on Page 2 of the Cover Sheet, and DO NOT include this page in the report.

List each business entity in which you, your spouse, or a dependent child held or acquired stock during the calendar year and indicate the category of the number of shares held or acquired. If some or all of the stock was sold, also indicate the category of the amount of the net gain or loss realized from the sale. For more information, see FORM PFS--INSTRUCTION GUIDE.

1 BUSINESS ENTITY	BANK OF AMERICA (NAME	
2 STOCK HELD OR ACQUIRED BY	X FILER	SPOUSE	DEPENDENT CHILD)
3 NUMBER OF SHARES	LESS THAN 100	100 TO 499	500 TO 999	X 1,000 TO 4,999
	LESS THAN 10K	10,000 OR MORE		
4 IF SOLD NET GAIN NET LOSS	LESS THAN \$5,000	\$5,000 - \$9,999	\$10,000 - \$24,999	\$25,000OR MORE
BUSINESS ENTITY	BLACKROCK SCIENC		NAME	
STOCK HELD OR ACQUIRED BY	X FILER	SPOUSE	DEPENDENT CHILD	
NUMBER OF SHARES	LESS THAN 100	100 TO 499	500 TO 999	X 1,000 TO 4,999
	LESS THAN 10K	10,000 OR MORE		
IF SOLD NET GAIN NET LOSS	LESS THAN \$5,000	\$5,000 - \$9,999	\$10,000 - \$24,999	\$25,000OR MORE
BUSINESS ENTITY			NAME	
	CATERPILLAR INC		NAME	
BUSINESS ENTITY STOCK HELD OR ACQUIRED BY	CATERPILLAR INC	SPOUSE	NAME DEPENDENT CHILD)
STOCK HELD OR) 1,000 TO 4,999
STOCK HELD OR ACQUIRED BY	X FILER	SPOUSE	DEPENDENT CHILD	
STOCK HELD OR ACQUIRED BY	X FILER LESS THAN 100	SPOUSE X 100 TO 499	DEPENDENT CHILD	
STOCK HELD OR ACQUIRED BY NUMBER OF SHARES IF SOLD NET GAIN	X FILER LESS THAN 100 LESS THAN 10K	SPOUSE X 100 TO 499 10,000 OR MORE \$5,000 - \$9,999	DEPENDENT CHILD	1,000 TO 4,999
STOCK HELD OR ACQUIRED BY NUMBER OF SHARES IF SOLD NET GAIN NET LOSS	X FILER LESS THAN 100 LESS THAN 10K LESS THAN \$5,000	SPOUSE X 100 TO 499 10,000 OR MORE \$5,000 - \$9,999	DEPENDENT CHILD 500 TO 999 \$10,000 - \$24,999	1,000 TO 4,999 \$25,000OR MORE
STOCK HELD OR ACQUIRED BY NUMBER OF SHARES IF SOLD NET GAIN NET LOSS BUSINESS ENTITY STOCK HELD OR	X FILER LESS THAN 100 LESS THAN 10K LESS THAN \$5,000 CSI COMPRESSCO	SPOUSE X 100 TO 499 10,000 OR MORE \$5,000 - \$9,999	DEPENDENT CHILD 500 TO 999 \$10,000 - \$24,999	1,000 TO 4,999 \$25,000OR MORE
STOCK HELD OR ACQUIRED BY NUMBER OF SHARES IF SOLD NET GAIN NET LOSS BUSINESS ENTITY STOCK HELD OR ACQUIRED BY	X FILER LESS THAN 100 LESS THAN 10K LESS THAN \$5,000 CSI COMPRESSCO X FILER	SPOUSE X 100 TO 499 10,000 OR MORE \$5,000 - \$9,999	DEPENDENT CHILD 500 TO 999 \$10,000 - \$24,999 NAME DEPENDENT CHILD	1,000 TO 4,999 \$25,000OR MORE
STOCK HELD OR ACQUIRED BY NUMBER OF SHARES IF SOLD NET GAIN NET LOSS BUSINESS ENTITY STOCK HELD OR ACQUIRED BY	X FILER LESS THAN 100 LESS THAN 10K LESS THAN \$5,000 CSI COMPRESSCO X FILER LESS THAN 100	SPOUSE X 100 TO 499 10,000 OR MORE \$5,000 - \$9,999 SPOUSE 100 TO 499	DEPENDENT CHILD 500 TO 999 \$10,000 - \$24,999 NAME DEPENDENT CHILD	1,000 TO 4,999 \$25,000OR MORE

If the requested information is not applicable, indicate that on Page 2 of the Cover Sheet, and DO NOT include this page in the report.

List each business entity in which you, your spouse, or a dependent child held or acquired stock during the calendar year and indicate the category of the number of shares held or acquired. If some or all of the stock was sold, also indicate the category of the amount of the net gain or loss realized from the sale. For more information, see FORM PFS--INSTRUCTION GUIDE.

1	BUSINESS ENTITY	ENERGY TRANSFER		NAME	
2	STOCK HELD OR ACQUIRED BY	X FILER	SPOUSE	DEPENDENT CHILD	
3	NUMBER OF SHARES	LESS THAN 100	100 TO 499	X 500 TO 999	1,000 TO 4,999
4	IF SOLD NET GAIN NET LOSS	LESS THAN \$5,000	\$5,000 - \$9,999	\$10,000 - \$24,999	\$25,000OR MORE
	BUSINESS ENTITY	ENERGY XXI GULF C		NAME	
	STOCK HELD OR ACQUIRED BY	X FILER	SPOUSE	DEPENDENT CHILD	
	NUMBER OF SHARES	LESS THAN 100	X 100 TO 499 10,000 OR MORE	500 TO 999	1,000 TO 4,999
	IF SOLD NET GAIN NET LOSS	LESS THAN \$5,000	\$5,000 - \$9,999	\$10,000 - \$24,999	\$25,000OR MORE
	BUILDING SUITITY			14445	
	BUSINESS ENTITY	ENERGY XXI GULF C	OAST INC WTS EXPIR	NAME RING 12/30/21	
	BUSINESS ENTITY STOCK HELD OR ACQUIRED BY	ENERGY XXI GULF C)
	STOCK HELD OR		OAST INC WTS EXPIR	RING 12/30/21	1,000 TO 4,999
	STOCK HELD OR ACQUIRED BY	X FILER X LESS THAN 100	SPOUSE 100 TO 499	RING 12/30/21 DEPENDENT CHILD	_
	STOCK HELD OR ACQUIRED BY NUMBER OF SHARES IF SOLD NET GAIN	X FILER X LESS THAN 100 LESS THAN 10K	SPOUSE SPOUSE 100 TO 499 10,000 OR MORE \$5,000 - \$9,999	RING 12/30/21 DEPENDENT CHILD 500 TO 999	1,000 TO 4,999
	STOCK HELD OR ACQUIRED BY NUMBER OF SHARES IF SOLD NET GAIN NET LOSS	X FILER X LESS THAN 100 LESS THAN 10K LESS THAN \$5,000	SPOUSE SPOUSE 100 TO 499 10,000 OR MORE \$5,000 - \$9,999	RING 12/30/21 DEPENDENT CHILD 500 TO 999 \$10,000 - \$24,999	1,000 TO 4,999 \$25,000OR MORE
	STOCK HELD OR ACQUIRED BY NUMBER OF SHARES IF SOLD NET GAIN NET LOSS BUSINESS ENTITY STOCK HELD OR	X FILER X LESS THAN 100 LESS THAN 10K LESS THAN \$5,000 FACEBOOK-INC CLA	SPOUSE SPOUSE 100 TO 499 10,000 OR MORE \$5,000 - \$9,999	DEPENDENT CHILD	1,000 TO 4,999 \$25,000OR MORE
	STOCK HELD OR ACQUIRED BY NUMBER OF SHARES IF SOLD NET GAIN NET LOSS BUSINESS ENTITY STOCK HELD OR ACQUIRED BY	X FILER X LESS THAN 100 LESS THAN 10K LESS THAN \$5,000 FACEBOOK-INC CLA X FILER LESS THAN 100	SPOUSE SPOUSE 100 TO 499 10,000 OR MORE \$5,000 - \$9,999 SS A SPOUSE 100 TO 499	RING 12/30/21 DEPENDENT CHILD 500 TO 999 \$10,000 - \$24,999 NAME DEPENDENT CHILD	1,000 TO 4,999 \$25,000OR MORE

If the requested information is not applicable, indicate that on Page 2 of the Cover Sheet, and DO NOT include this page in the report.

List each business entity in which you, your spouse, or a dependent child held or acquired stock during the calendar year and indicate the category of the number of shares held or acquired. If some or all of the stock was sold, also indicate the category of the amount of the net gain or loss realized from the sale. For more information, see FORM PFS--INSTRUCTION GUIDE.

1	BUSINESS ENTITY	GLOBAL X LITHIUM &	۱ BATTERY TECH ETF	JAME	
2	STOCK HELD OR ACQUIRED BY	X FILER	SPOUSE	DEPENDENT CHILD	
3	NUMBER OF SHARES	LESS THAN 100	100 TO 499	500 TO 999	X 1,000 TO 4,999
		LESS THAN 10K	10,000 OR MORE		
4	IF SOLD NET GAIN NET LOSS	LESS THAN \$5,000	\$5,000 - \$9,999	\$10,000 - \$24,999	\$25,000OR MORE
	BUSINESS ENTITY	GOLDMAN SACHS G		IAME	
	STOCK HELD OR ACQUIRED BY	X FILER	SPOUSE	DEPENDENT CHILD	·
	NUMBER OF SHARES	LESS THAN 100	100 TO 499	X 500 TO 999	1,000 TO 4,999
		LESS THAN 10K	10,000 OR MORE		
	IF SOLD NET GAIN NET LOSS	LESS THAN \$5,000	\$5,000 - \$9,999	\$10,000 - \$24,999	\$25,000OR MORE
	BUSINESS ENTITY		Λ	IAME	
	DOSINEGO ENTIT	JPMORGAN CHASE &		LY J P MORGAN CHAS	E & CO
	STOCK HELD OR ACQUIRED BY	X FILER	SPOUSE	DEPENDENT CHILD	
	NUMBER OF SHARES	LESS THAN 100	100 TO 499	500 TO 999	X 1,000 TO 4,999
		LESS THAN 10K	10,000 OR MORE		
	IF SOLD NET GAIN NET LOSS	LESS THAN \$5,000	\$5,000 - \$9,999	\$10,000 - \$24,999	\$25,000OR MORE
	BUSINESS ENTITY	LAS VEGAS SANDS (IAME	
	STOCK HELD OR ACQUIRED BY	X FILER	SPOUSE	DEPENDENT CHILD	
	NUMBER OF SHARES	LESS THAN 100	100 TO 499	X 500 TO 999	1,000 TO 4,999
		LESS THAN 10K	10,000 OR MORE		
Γ	IE COLD				
	IF SOLD NET GAIN NET LOSS	LESS THAN \$5,000	\$5,000 - \$9,999	\$10,000 - \$24,999	\$25,000OR MORE

If the requested information is not applicable, indicate that on Page 2 of the Cover Sheet, and DO NOT include this page in the report.

List each business entity in which you, your spouse, or a dependent child held or acquired stock during the calendar year and indicate the category of the number of shares held or acquired. If some or all of the stock was sold, also indicate the category of the amount of the net gain or loss realized from the sale. For more information, see FORM PFS--INSTRUCTION GUIDE.

1 BUSINESS ENTITY				
	MASTERCARD INC	I	NAME	
2 STOCK HELD OR ACQUIRED BY	X FILER	SPOUSE	DEPENDENT CHILD)
3 NUMBER OF SHARES	LESS THAN 100	X 100 TO 499	500 TO 999	1,000 TO 4,999
	LESS THAN 10K	10,000 OR MORE		
4 IF SOLD NET GAIN NET LOSS	LESS THAN \$5,000	\$5,000 - \$9,999	\$10,000 - \$24,999	\$25,000OR MORE
BUSINESS ENTITY	MICROSOFT CORPO		NAME	
STOCK HELD OR ACQUIRED BY	X FILER	SPOUSE	DEPENDENT CHILD	
NUMBER OF SHARES	LESS THAN 100	100 TO 499	500 TO 999	X 1,000 TO 4,999
	LESS THAN 10K	10,000 OR MORE		
IF SOLD NET GAIN NET LOSS	LESS THAN \$5,000	\$5,000 - \$9,999	\$10,000 - \$24,999	\$25,000OR MORE
BUSINESS ENTITY			NAME	
	NETFLIX COM INC			
STOCK HELD OR ACQUIRED BY	X FILER	SPOUSE	DEPENDENT CHILD)
	X FILER LESS THAN 100	SPOUSE 100 TO 499	DEPENDENT CHILD	X 1,000 TO 4,999
ACQUIRED BY				
ACQUIRED BY	LESS THAN 100	100 TO 499		
ACQUIRED BY NUMBER OF SHARES IF SOLD NET GAIN	LESS THAN 100	100 TO 499 10,000 OR MORE \$5,000 - \$9,999	□ 500 ТО 999	X 1,000 TO 4,999
ACQUIRED BY NUMBER OF SHARES IF SOLD NET GAIN NET LOSS	LESS THAN 100 LESS THAN 10K LESS THAN \$5,000	100 TO 499 10,000 OR MORE \$5,000 - \$9,999	500 TO 999 \$10,000 - \$24,999	X 1,000 TO 4,999 \$25,000OR MORE
ACQUIRED BY NUMBER OF SHARES IF SOLD NET GAIN NET LOSS BUSINESS ENTITY STOCK HELD OR	LESS THAN 100 LESS THAN 10K LESS THAN \$5,000 ROCKWELL MEDICAL	100 TO 499 10,000 OR MORE \$5,000 - \$9,999	500 TO 999 \$10,000 - \$24,999 NAME	X 1,000 TO 4,999 \$25,000OR MORE
ACQUIRED BY NUMBER OF SHARES IF SOLD NET GAIN NET LOSS BUSINESS ENTITY STOCK HELD OR ACQUIRED BY	LESS THAN 100 LESS THAN 10K LESS THAN \$5,000 ROCKWELL MEDICAL X FILER	100 TO 499 10,000 OR MORE \$5,000 - \$9,999 TECH SPOUSE	500 TO 999 \$10,000 - \$24,999 NAME DEPENDENT CHILD	X 1,000 TO 4,999 \$25,000OR MORE
ACQUIRED BY NUMBER OF SHARES IF SOLD NET GAIN NET LOSS BUSINESS ENTITY STOCK HELD OR ACQUIRED BY	LESS THAN 100 LESS THAN 10K LESS THAN \$5,000 ROCKWELL MEDICAL X FILER LESS THAN 100	100 TO 499 10,000 OR MORE \$5,000 - \$9,999 LTECH SPOUSE 100 TO 499	500 TO 999 \$10,000 - \$24,999 NAME DEPENDENT CHILD	X 1,000 TO 4,999 \$25,000OR MORE

If the requested information is not applicable, indicate that on Page 2 of the Cover Sheet, and DO NOT include this page in the report.

List each business entity in which you, your spouse, or a dependent child held or acquired stock during the calendar year and indicate the category of the number of shares held or acquired. If some or all of the stock was sold, also indicate the category of the amount of the net gain or loss realized from the sale. For more information, see FORM PFS--INSTRUCTION GUIDE.

1				
1 BUSINESS ENTITY	SALESFORCE COM I		IAME	
2 STOCK HELD OR ACQUIRED BY	X FILER	SPOUSE	DEPENDENT CHILD	
3 NUMBER OF SHARES	LESS THAN 100	100 TO 499 10,000 OR MORE	500 TO 999	X 1,000 TO 4,999
4 IF SOLD NET GAIN NET LOSS	LESS THAN \$5,000	\$5,000 - \$9,999	\$10,000 - \$24,999	\$25,000OR MORE
BUSINESS ENTITY	SOUTHWEST AIRLIN		NAME	
STOCK HELD OR ACQUIRED BY	X FILER	SPOUSE	DEPENDENT CHILD)
NUMBER OF SHARES	LESS THAN 100	100 TO 499 10,000 OR MORE	500 TO 999	1,000 TO 4,999
IF SOLD NET GAIN NET LOSS	LESS THAN \$5,000	\$5,000 - \$9,999	\$10,000 - \$24,999	\$25,000OR MORE
BUSINESS ENTITY		N	IAME	
BUSINESS ENTITY	SQUARE INC CL A	١	IAME	
BUSINESS ENTITY STOCK HELD OR ACQUIRED BY	SQUARE INC CL A	SPOUSE	NAME DEPENDENT CHILD)
STOCK HELD OR				X 1,000 TO 4,999
STOCK HELD OR ACQUIRED BY	X FILER LESS THAN 100	SPOUSE 100 TO 499	DEPENDENT CHILD	

BONDS, NOTES & OTHER COMMERCIAL PAPER

PART 3

If the requested information is not applicable, indicate that on Page 2 of the Cover Sheet, and DO NOT include this page in the report.

List all bonds, notes, and other commercial paper held or acquired by you, your spouse, or a dependent child during the calendar year. If sold, indicate the category of the amount of the net gain or loss realized from the sale. For more information, see FORM PFS--INSTRUCTION GUIDE.

When reporting information about which the child is listed on the Co	ut a dependent child's activity			
1 DESCRIPTION OF INSTRUMENT	DALLAS TEX INDPT	SCH DIST SCH PSF G	TD OID	
2 HELD OR ACQUIRED BY	X FILER	SPOUSE	DEPENDENT CHILE)
3 IF SOLD NET GAIN NET LOSS	LESS THAN \$5,000	\$5,000 - \$9,999	\$10,000 - \$24,999	\$25,000OR MORE
DESCRIPTION OF INSTRUMENT	GILROY CALIF UNI S	CH DIST CTFS PARTI	N SCH AGC	
HELD OR ACQUIRED BY	X FILER	SPOUSE	DEPENDENT CHILE	D
IF SOLD NET GAIN NET LOSS	LESS THAN \$5,000	\$5,000 - \$9,999	\$10,000 - \$24,999	\$25,000OR MORE
DESCRIPTION OF INSTRUMENT	LOS ANGELES CALI	F DEPT ARPTS ARPT	REV SER C OID	
HELD OR ACQUIRED BY	X FILER	SPOUSE	DEPENDENT CHILE)
IF SOLD NET GAIN NET LOSS	LESS THAN \$5,000	\$5,000 - \$9,999	\$10,000 - \$24,999	\$25,000OR MORE

MUTUAL FUNDS PART 4 If the requested information is not applicable, indicate that on Page 2 of the Cover Sheet, and DO NOT include this page in the report. List each mutual fund and the number of shares in that mutual fund that you, your spouse, or a dependent child held or acquired during the calendar year and indicate the category of the number of shares of mutual funds held or acquired. If some or all of the shares of a mutual fund were sold, also indicate the category of the amount of the net gain or loss realized from the sale. For more nformation, see FORM PFS--INSTRUCTION GUIDE. When reporting information about a dependent child's activity, indicate the child about whom you are reporting by providing the number under which the child is listed on the Cover Sheet. MUTUAL FUND NAME THE INVESTMENT COMPANY OF AMERICA-A SHARES OF MUTUAL FUND HELD OR ACQUIRED BY X FILER SPOUSE DEPENDENT CHILD NUMBER OF SHARES OF MUTUAL FUND LESS THAN 100 100 TO 499 500 TO 999 1,000 TO 4,999 5,000 to 9,999 X 10,000 OR MORE 4 IF SOLD NET GAIN LESS THAN \$5,000 \$5,000 - \$9,999 \$10,000 - \$24,999 \$25,000--OR MORE NET LOSS

PART 5

If the requested information is not applicable, indicate that on Page 2 of the Cover Sheet, and DO NOT include this page in the report.

List each source of income you, your spouse, or a dependent child received in excess of \$500 that was derived from interest, dividends, royalties, and rents during the calendar year and indicate the category of the amount of the income. For more information, see FORM PFS--INSTRUCTION GUIDE.

1 SOURCE OF INCOME	NAME AND ADDRESS ALTRIA GROUP INC HOLDING
X Publicly held corporation	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE
2 RECEIVED BY	X FILER SPOUSE DEPENDENT CHILD
3 AMOUNT	X \$500 - \$4,999
SOURCE OF INCOME	NAME AND ADDRESS
X Publicly held corporation	AMERICAN AIRLINES GRP INC ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE
RECEIVED BY	X FILER SPOUSE DEPENDENT CHILD
AMOUNT	X \$500 - \$4,999
SOURCE OF INCOME	NAME AND ADDRESS
SOURCE OF INCOME X Publicly held corporation	NAME AND ADDRESS AMERICAN INTL GROUP INC NEW ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE
_	AMERICAN INTL GROUP INC NEW
_	AMERICAN INTL GROUP INC NEW
X Publicly held corporation	AMERICAN INTL GROUP INC NEW ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE
X Publicly held corporation RECEIVED BY AMOUNT	AMERICAN INTL GROUP INC NEW ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE X FILER
X Publicly held corporation RECEIVED BY	AMERICAN INTL GROUP INC NEW ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE X FILER
X Publicly held corporation RECEIVED BY AMOUNT	AMERICAN INTL GROUP INC NEW ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE X FILER
X Publicly held corporation RECEIVED BY AMOUNT SOURCE OF INCOME	AMERICAN INTL GROUP INC NEW ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE X FILER
X Publicly held corporation RECEIVED BY AMOUNT SOURCE OF INCOME	AMERICAN INTL GROUP INC NEW ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE X FILER
RECEIVED BY AMOUNT SOURCE OF INCOME X Publicly held corporation	AMERICAN INTL GROUP INC NEW ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE X FILER

PART 5

If the requested information is not applicable, indicate that on Page 2 of the Cover Sheet, and DO NOT include this page in the report.

List each source of income you, your spouse, or a dependent child received in excess of \$500 that was derived from interest, dividends, royalties, and rents during the calendar year and indicate the category of the amount of the income. For more information, see FORM PFS--INSTRUCTION GUIDE.

1 SOURCE OF INCOME	NAME AND ADDRESS APPLE INC HOLDING
X Publicly held corporation	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE
2 RECEIVED BY	X FILER SPOUSE DEPENDENT CHILD
3 AMOUNT	\$500 - \$4,999 \$5,000 - \$9,999 X \$10,000 - \$24,999 \$25,000OR MORE
SOURCE OF INCOME	NAME AND ADDRESS
X Publicly held corporation	AT&T INC HOLDING ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE
RECEIVED BY	X FILER SPOUSE DEPENDENT CHILD
AMOUNT	\$500 - \$4,999 X \$5,000 - \$9,999 S10,000 - \$24,999 \$25,000OR MORE
SOURCE OF INCOME	
SOURCE OF INCOME	NAME AND ADDRESS BANK OF AMERICA CORP HOLDING
SOURCE OF INCOME X Publicly held corporation	NAME AND ADDRESS
	NAME AND ADDRESS BANK OF AMERICA CORP HOLDING
	NAME AND ADDRESS BANK OF AMERICA CORP HOLDING
X Publicly held corporation	NAME AND ADDRESS BANK OF AMERICA CORP HOLDING ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE
X Publicly held corporation RECEIVED BY	NAME AND ADDRESS BANK OF AMERICA CORP HOLDING ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE X FILER SPOUSE DEPENDENT CHILD
X Publicly held corporation RECEIVED BY AMOUNT	NAME AND ADDRESS BANK OF AMERICA CORP HOLDING ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE X FILER
X Publicly held corporation RECEIVED BY AMOUNT	NAME AND ADDRESS
X Publicly held corporation RECEIVED BY AMOUNT SOURCE OF INCOME	NAME AND ADDRESS BANK OF AMERICA CORP HOLDING ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE X FILER
X Publicly held corporation RECEIVED BY AMOUNT SOURCE OF INCOME	NAME AND ADDRESS BANK OF AMERICA CORP HOLDING ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE X FILER
X Publicly held corporation RECEIVED BY AMOUNT SOURCE OF INCOME X Publicly held corporation	NAME AND ADDRESS BANK OF AMERICA CORP HOLDING ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE X FILER

PART 5

If the requested information is not applicable, indicate that on Page 2 of the Cover Sheet, and DO NOT include this page in the report.

List each source of income you, your spouse, or a dependent child received in excess of \$500 that was derived from interest, dividends, royalties, and rents during the calendar year and indicate the category of the amount of the income. For more information, see FORM PFS--INSTRUCTION GUIDE.

1 SOURCE OF INCOME	NAME AND ADDRESS
X Publicly held corporation	CATERPILLAR INC ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE
2 RECEIVED BY	X FILER SPOUSE DEPENDENT CHILD
3 AMOUNT	X \$500 - \$4,999
SOURCE OF INCOME	NAME AND ADDRESS
X Publicly held corporation	CSI COMPRESSCO HOLDING ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE
RECEIVED BY	X FILER SPOUSE DEPENDENT CHILD
AMOUNT	\$500 - \$4,999 X \$5,000 - \$9,999 S10,000 - \$24,999 \$25,000OR MORE
SOURCE OF INCOME	
SOURCE OF INCOME X Publicly held corporation	NAME AND ADDRESS DALLAS TEX INPT SCH DIST SCH BLDG OID ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE
	NAME AND ADDRESS DALLAS TEX INPT SCH DIST SCH BLDG OID
X Publicly held corporation	NAME AND ADDRESS DALLAS TEX INPT SCH DIST SCH BLDG OID ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE
X Publicly held corporation RECEIVED BY	NAME AND ADDRESS DALLAS TEX INPT SCH DIST SCH BLDG OID ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE X FILER SPOUSE DEPENDENT CHILD
X Publicly held corporation RECEIVED BY AMOUNT SOURCE OF INCOME	NAME AND ADDRESS DALLAS TEX INPT SCH DIST SCH BLDG OID ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE X FILER
X Publicly held corporation RECEIVED BY AMOUNT SOURCE OF INCOME X Publicly held corporation	NAME AND ADDRESS DALLAS TEX INPT SCH DIST SCH BLDG OID ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE X FILER

PART 5

If the requested information is not applicable, indicate that on Page 2 of the Cover Sheet, and DO NOT include this page in the report.

List each source of income you, your spouse, or a dependent child received in excess of \$500 that was derived from interest, dividends, royalties, and rents during the calendar year and indicate the category of the amount of the income. For more information, see FORM PFS--INSTRUCTION GUIDE.

SOURCE OF INCOME Publicly held corporation	NAME AND ADDRESS GILROY CA UNI SCH DT COP SCH FCS PROJ AGC ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE
2 RECEIVED BY	X FILER SPOUSE DEPENDENT CHILD
3 AMOUNT	X \$500 - \$4,999
SOURCE OF INCOME X Publicly held corporation	NAME AND ADDRESS GOLDMAN SACHS GROUP INC HOLDING ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE
RECEIVED BY	X FILER SPOUSE DEPENDENT CHILD
AMOUNT	X \$500 - \$4,999
SOURCE OF INCOME X Publicly held corporation	NAME AND ADDRESS JP MORGAN CHASE & COMPANY FORMERLY J P MORGAN CHASE & CO ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE
	JP MORGAN CHASE & COMPANY FORMERLY J P MORGAN CHASE & CO
X Publicly held corporation	JP MORGAN CHASE & COMPANY FORMERLY J P MORGAN CHASE & CO ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE
X Publicly held corporation RECEIVED BY	JP MORGAN CHASE & COMPANY FORMERLY J P MORGAN CHASE & CO ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE X FILER
X Publicly held corporation RECEIVED BY AMOUNT SOURCE OF INCOME	JP MORGAN CHASE & COMPANY FORMERLY J P MORGAN CHASE & CO ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE X FILER
X Publicly held corporation RECEIVED BY AMOUNT SOURCE OF INCOME X Publicly held corporation	JP MORGAN CHASE & COMPANY FORMERLY J P MORGAN CHASE & CO ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE X FILER

PART 5

If the requested information is not applicable, indicate that on Page 2 of the Cover Sheet, and DO NOT include this page in the report.

List each source of income you, your spouse, or a dependent child received in excess of \$500 that was derived from interest, dividends, royalties, and rents during the calendar year and indicate the category of the amount of the income. For more information, see FORM PFS--INSTRUCTION GUIDE.

1 SOURCE OF INCOME	NAME AND ADDRESS MIAMI-DADE CNTY FLA AVIATION REV B OID AGM			
X Publicly held corporation	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE			
2 RECEIVED BY	X FILER SPOUSE DEPENDENT CHILD			
3 AMOUNT	X \$500 - \$4,999			
SOURCE OF INCOME	NAME AND ADDRESS			
X Publicly held corporation	MICROSOFT CORPORATION ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE			
RECEIVED BY	X FILER SPOUSE DEPENDENT CHILD			
AMOUNT	X \$500 - \$4,999			
	I.			
SOURCE OF INCOME	NAME AND ADDRESS			
SOURCE OF INCOME	NAME AND ADDRESS NIKE INC CL B HOLDING			
SOURCE OF INCOME X Publicly held corporation	NAME AND ADDRESS NIKE INC CL B HOLDING ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE			
_	NIKE INC CL B HOLDING			
_	NIKE INC CL B HOLDING			
X Publicly held corporation	NIKE INC CL B HOLDING ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE			
X Publicly held corporation RECEIVED BY AMOUNT	NIKE INC CL B HOLDING			
X Publicly held corporation RECEIVED BY	NIKE INC CL B HOLDING			
X Publicly held corporation RECEIVED BY AMOUNT	NIKE INC CL B HOLDING			
X Publicly held corporation RECEIVED BY AMOUNT SOURCE OF INCOME	NIKE INC CL B HOLDING ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE X FILER			
X Publicly held corporation RECEIVED BY AMOUNT SOURCE OF INCOME	NIKE INC CL B HOLDING ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE X FILER			
RECEIVED BY AMOUNT SOURCE OF INCOME X Publicly held corporation	NIKE INC CL B HOLDING ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE X FILER			

PART 5

If the requested information is not applicable, indicate that on Page 2 of the Cover Sheet, and DO NOT include this page in the report.

List each source of income you, your spouse, or a dependent child received in excess of \$500 that was derived from interest, dividends, royalties, and rents during the calendar year and indicate the category of the amount of the income. For more information, see FORM PFS--INSTRUCTION GUIDE.

	When reporting information about which the child is listed on the Co	a dependent child's activity, indicate the child about whom you are reporting by providing the number under ver Sheet.				
1	SOURCE OF INCOME	NAME AND ADDRESS				
Ī		WAL-MART STORES INC HOLDING				
	X Publicly held corporation		/ PO BOX; APT / SUITE	:#; CITY; STATE	; ZIP CODE	
	T ability field desperation			,,	,	
2	RECEIVED BY	X FILER	SPOUSE	DEPENDENT CHIL	D	
		X TILLIK	☐ 31 003E	D PEI EMPENT CHIE		
3	AMOUNT	V 4500 44000	П фг ооо фо ооо	T #40,000, #04,000	D #05 000 OF MODE	
		X \$500 - \$4,999	\$5,000 - \$9,999	\$10,000 - \$24,999	\$25,000OR MORE	
F						
l						
l						
l						
l						
l						
l						
l						
l						
l						
l						

PERSONAL NOTES AND LEASE AGREEMENTS

PART 6

If the requested information is not applicable, indicate that on Page 2 of the Cover Sheet, and DO NOT include this page in the report.

Identify each guarantor of a loan and each person or financial institution to whom you, your spouse, or a dependent child had a total financial liability of more than \$1,000 in the form of a personal note or notes or lease agreement at any time during the calendar year and indicate the category of the amount of the liability. For more information, see FORM PFS--INSTRUCTION GUIDE.

1 PERSON OR INSTITUTION				
HOLDING NOTE OR LEASE AGREEMENT	BANK OF AMERICA			
2 LIABILITY OF	X FILER	SPOUSE	DEPENDENT CHILE	D
3 GUARANTOR	NONE			
4 AMOUNT	\$1,000 - \$4,999	\$5,000 - \$9,999	\$10,000 - \$24,999	X \$25,000OR MORE
PERSON OR INSTITUTION HOLDING NOTE OR LEASE AGREEMENT	GM FINANCIAL LEA	SING		
LIABILITY OF	X FILER	SPOUSE	DEPENDENT CHILI	D
GUARANTOR	NONE			
AMOUNT	\$1,000 - \$4,999	\$5,000 - \$9,999	\$10,000 - \$24,999	X \$25,000OR MORE
PERSON OR INSTITUTION HOLDING NOTE OR LEASE AGREEMENT	MERCEDES-BENZ F	FINANCIAL SERVICES		
LIABILITY OF	_			
	X FILER	SPOUSE	DEPENDENT CHILI	D
GUARANTOR	NONE	SPOUSE	DEPENDENT CHILI	D
		SPOUSE \$5,000 - \$9,999	DEPENDENT CHILI \$10,000 - \$24,999	X \$25,000OR MORE
GUARANTOR	NONE	\$5,000 - \$9,999		
GUARANTOR AMOUNT PERSON OR INSTITUTION HOLDING NOTE OR	NONE \$1,000 - \$4,999	\$5,000 - \$9,999		X \$25,000OR MORE
GUARANTOR AMOUNT PERSON OR INSTITUTION HOLDING NOTE OR LEASE AGREEMENT	NONE \$1,000 - \$4,999 BMW FINANCIAL SE	\$5,000 - \$9,999 ERVICES	\$10,000 - \$24,999	X \$25,000OR MORE
GUARANTOR AMOUNT PERSON OR INSTITUTION HOLDING NOTE OR LEASE AGREEMENT LIABILITY OF	NONE \$1,000 - \$4,999 BMW FINANCIAL SE X FILER	\$5,000 - \$9,999 ERVICES	\$10,000 - \$24,999	X \$25,000OR MORE

INTERESTS IN REAL PROPERTY

PART 7A

If the requested information is not applicable, indicate that on Page 2 of the Cover Sheet, and DO NOT include this page in the report.

Describe all beneficial interests in real property held or acquired by you, your spouse, or a dependent child during the calendar year. If the interest was sold, also indicate the category of the amount of the net gain or loss realized from the sale. For an explanation of "beneficial interest" and other specific directions for completing this section, see FORM PFS--INSTRUCTION GUIDE.

1 HELD OR ACQUIRED BY	X FILER	SPOUSE	DEPENDENT CHILE	o
2 STREET ADDRESS NOT AVAILABLE CHECK IF FILER'S HOME ADDRESS		STREET ADDRESS, INCLU	DING CITY, COUNTY, AND	STATE
3 DESCRIPTION X LOTS ACRES	NUMBE 1.00000 lots DALLAS	ER OF LOTS OR ACRES AN	ND NAME OF COUNTY WHI	ERE LOCATED
4 NAMES OF PERSONS RETAINING AN INTEREST X NOT APPLICABLE (SEVERED MINERAL INTEREST)				
5 IF SOLD NET GAIN NET LOSS	LESS THAN \$5,0	00 \$5,000 - \$9,999	\$10,000 - \$24,999	\$25,000OR MORE
HELD OR ACQUIRED BY	X FILER	SPOUSE	DEPENDENT CHILE	D
HELD OR ACQUIRED BY STREET ADDRESS NOT AVAILABLE CHECK IF FILER'S HOME ADDRESS		STREET ADDRESS, INCLU S COURT	DEPENDENT CHILE	
STREET ADDRESS NOT AVAILABLE CHECK IF FILER'S	1305 GREEN HILLS	STREET ADDRESS, INCLU S COURT (75137-2841	_	STATE
STREET ADDRESS NOT AVAILABLE CHECK IF FILER'S HOME ADDRESS DESCRIPTION X LOTS	1305 GREEN HILLS DUNCANVILLE, TX NUMBE 1.00000 lots	STREET ADDRESS, INCLU S COURT (75137-2841	DING CITY, COUNTY, AND	STATE

INTERESTS IN REAL PROPERTY

PART 7A

If the requested information is not applicable, indicate that on Page 2 of the Cover Sheet, and DO NOT include this page in the report.

Describe all beneficial interests in real property held or acquired by you, your spouse, or a dependent child during the calendar year. If the interest was sold, also indicate the category of the amount of the net gain or loss realized from the sale. For an explanation of "beneficial interest" and other specific directions for completing this section, see FORM PFS--INSTRUCTION GUIDE.

1 HELD OR ACQUIRED BY	X FILER SPOUSE DEPENDENT CHILD
2 STREET ADDRESS NOT AVAILABLE CHECK IF FILER'S HOME ADDRESS	STREET ADDRESS, INCLUDING CITY, COUNTY, AND STATE 7318 OAKMORE DALLAS, TX 75249-1307
3 DESCRIPTION X LOTS ACRES	NUMBER OF LOTS OR ACRES AND NAME OF COUNTY WHERE LOCATED 1.00000 lots DALLAS
4 NAMES OF PERSONS RETAINING AN INTEREST X NOT APPLICABLE (SEVERED MINERAL INTEREST)	
5 IF SOLD NET GAIN NET LOSS	LESS THAN \$5,000 \$5,000 - \$9,999 \$10,000 - \$24,999 \$25,000OR MORE
HELD OR ACQUIRED BY	X FILER SPOUSE DEPENDENT CHILD
HELD OR ACQUIRED BY STREET ADDRESS NOT AVAILABLE CHECK IF FILER'S HOME ADDRESS	X FILER SPOUSE DEPENDENT CHILD STREET ADDRESS, INCLUDING CITY, COUNTY, AND STATE 1537 PLEASANT RUN DESOTO, TX 75115
STREET ADDRESS NOT AVAILABLE CHECK IF FILER'S	STREET ADDRESS, INCLUDING CITY, COUNTY, AND STATE 1537 PLEASANT RUN
STREET ADDRESS NOT AVAILABLE CHECK IF FILER'S HOME ADDRESS DESCRIPTION LOTS	STREET ADDRESS, INCLUDING CITY, COUNTY, AND STATE 1537 PLEASANT RUN DESOTO, TX 75115 NUMBER OF LOTS OR ACRES AND NAME OF COUNTY WHERE LOCATED 5.00000 acres
STREET ADDRESS NOT AVAILABLE CHECK IF FILER'S HOME ADDRESS DESCRIPTION LOTS ACRES NAMES OF PERSONS RETAINING AN INTEREST NOT APPLICABLE (SEVERED MINERAL	STREET ADDRESS, INCLUDING CITY, COUNTY, AND STATE 1537 PLEASANT RUN DESOTO, TX 75115 NUMBER OF LOTS OR ACRES AND NAME OF COUNTY WHERE LOCATED 5.00000 acres

INTEREST IN BUSINESS ENTITIES

PART 7B

If the requested information is not applicable, indicate that on Page 2 of the Cover Sheet, and DO NOT include this page in the report.

Describe all beneficial interests in business entities held or acquired by you, your spouse, or a dependent child during the calendar year. If the interest was sold, also indicate the category of the amount of the net gain or loss realized from the sale. For an explanation of "beneficial interest" and other specific directions for completing this section, see FORM PFS--INSTRUCTION GUIDE.

	which the child is listed on the Co	over Sneet.				
1	HELD OR ACQUIRED BY	X FILER SPOUSE DEPENDENT CHILD				
2	DESCRIPTION	NAME AND ADDRESS				
		(Check if Filer's Home Address) OMEGA FRAT HOUSE LLC				
		320 SOUTH R. L. THORNTON FREEWAY, SUITE 300				
2	IF SOLD ☐ NET GAIN	DALLAS, TX 75203-1804				
٦	IF SOLD NET GAIN NET LOSS	LESS THAN \$5,000 \$5,000 - \$9,999 \$10,000 - \$24,999 \$25,000OR MORE				
	HELD OR ACQUIRED BY	X FILER SPOUSE DEPENDENT CHILD				
L	DESCRIPTION	NAME AND ADDRESS				
		(Check if Filer's Home Address) ROYCE WEST & ASSOCIATES, P.C.				
		320 SOUTH R. L. THORNTON FREEWAY, SUITE 300				
	15.001.0	DALLAS, TX 75203-1804				
	IF SOLD NET GAIN NET LOSS	LESS THAN \$5,000 \$5,000 - \$9,999 \$10,000 - \$24,999 \$25,000OR MORE				
F	HELD OR ACQUIRED BY					
	HELD OR ACQUIRED BY	X FILER SPOUSE DEPENDENT CHILD				
	HELD OR ACQUIRED BY DESCRIPTION	NAME AND ADDRESS				
		NAME AND ADDRESS (Check if Filer's Home Address)				
		NAME AND ADDRESS (Check if Filer's Home Address) SKYVIEW DEVELOPMENT LLC 320 SOUTH R. L. THORNTON FREEWAY, SUITE 300				
		NAME AND ADDRESS (Check if Filer's Home Address) SKYVIEW DEVELOPMENT LLC 320 SOUTH R. L. THORNTON FREEWAY, SUITE 300 DALLAS, TX 75203-1804				
	DESCRIPTION	NAME AND ADDRESS (Check if Filer's Home Address) SKYVIEW DEVELOPMENT LLC 320 SOUTH R. L. THORNTON FREEWAY, SUITE 300				
	DESCRIPTION IF SOLD NET GAIN	NAME AND ADDRESS (Check if Filer's Home Address) SKYVIEW DEVELOPMENT LLC 320 SOUTH R. L. THORNTON FREEWAY, SUITE 300 DALLAS, TX 75203-1804 LESS THAN \$5,000 \$5,000 - \$9,999 \$10,000 - \$24,999 \$25,000OR MORE				
	DESCRIPTION IF SOLD NET GAIN NET LOSS HELD OR ACQUIRED BY	NAME AND ADDRESS (Check if Filer's Home Address) SKYVIEW DEVELOPMENT LLC 320 SOUTH R. L. THORNTON FREEWAY, SUITE 300 DALLAS, TX 75203-1804 LESS THAN \$5,000 \$5,000 - \$9,999 \$10,000 - \$24,999 \$25,000OR MORE X FILER SPOUSE DEPENDENT CHILD				
	DESCRIPTION IF SOLD NET GAIN NET LOSS	NAME AND ADDRESS Check if Filer's Home Address) SKYVIEW DEVELOPMENT LLC 320 SOUTH R. L. THORNTON FREEWAY, SUITE 300 DALLAS, TX 75203-1804 LESS THAN \$5,000 \$5,000 - \$9,999 \$10,000 - \$24,999 \$25,000OR MORE X FILER				
	DESCRIPTION IF SOLD NET GAIN NET LOSS HELD OR ACQUIRED BY	NAME AND ADDRESS (Check if Filer's Home Address) SKYVIEW DEVELOPMENT LLC 320 SOUTH R. L. THORNTON FREEWAY, SUITE 300 DALLAS, TX 75203-1804 LESS THAN \$5,000 \$5,000 - \$9,999 \$10,000 - \$24,999 \$25,000OR MORE X FILER SPOUSE DEPENDENT CHILD				
	DESCRIPTION IF SOLD NET GAIN NET LOSS HELD OR ACQUIRED BY	NAME AND ADDRESS Check if Filer's Home Address) SKYVIEW DEVELOPMENT LLC 320 SOUTH R. L. THORNTON FREEWAY, SUITE 300 DALLAS, TX 75203-1804 LESS THAN \$5,000				
	DESCRIPTION IF SOLD NET GAIN NET LOSS HELD OR ACQUIRED BY	NAME AND ADDRESS (Check if Filer's Home Address) SKYVIEW DEVELOPMENT LLC 320 SOUTH R. L. THORNTON FREEWAY, SUITE 300 DALLAS, TX 75203-1804 LESS THAN \$5,000 \$5,000 - \$9,999 \$10,000 - \$24,999 \$25,000OR MORE X FILER SPOUSE DEPENDENT CHILD NAME AND ADDRESS (Check if Filer's Home Address) WEST & ASSOCIATES, LLP 320 SOUTH R. L. THORNTON FREEWAY, SUITE 300				
	DESCRIPTION IF SOLD NET GAIN NET LOSS HELD OR ACQUIRED BY	NAME AND ADDRESS Check if Filer's Home Address) SKYVIEW DEVELOPMENT LLC 320 SOUTH R. L. THORNTON FREEWAY, SUITE 300 DALLAS, TX 75203-1804 LESS THAN \$5,000				

ASSETS OF BUSINESS ASSOCIATIONS

PART 11A

If the requested information is not applicable, indicate that on Page 2 of the Cover Sheet, and DO NOT include this page in the report.

Describe all assets of each corporation, firm, partnership, limited partnership, limited liability partnership, professional corporation, professional association, joint venture, or other business association in which you, your spouse, or a dependent child held, acquired, or sold 50 percent or more of the outstanding ownership and indicate the category of the amount of the assets. For more information, see FORM PFS--INSTRUCTION GUIDE.

1 BUSINESS	SSOCIATION NAME AND ADDRESS (Check If Filer's Home Address) ROYCE WEST & ASSOCIATES, P.C. 320 SOUTH R. L. THORNTON ROYCE WEST & ASSOCIATES, P.C.					
ASSOCIATION						
	DALLAS TX 7520°	DALLAS, TX 75203-1804				
A DUCINECO TVDE	D/ (EE/ 13, 17, 7320)					
2 BUSINESS TYPE	LEGAL					
3 HELD, ACQUIRED, OR SOLD BY	X FILER	SPOUSE	DEPENDENT CHILD _			
4 ASSETS		DESCRIPTION	CATE	GORY		
	LEGAL DOCUMEN		X LESS THAN \$5,000	\$5,000 - \$9,999		
			X LE33 THAN \$5,000	\$3,000 - \$9,999		
			\$10,000 - \$24,999	\$25,000 OR MORE		
			LESS THAN \$5,000	\$5,000 - \$9,999		
			\$10,000 - \$24,999	\$25,000 OR MORE		
	I					

ASSETS OF BUSINESS ASSOCIATIONS

PART 11A

If the requested information is not applicable, indicate that on Page 2 of the Cover Sheet, and DO NOT include this page in the report.

Describe all assets of each corporation, firm, partnership, limited partnership, limited liability partnership, professional corporation, professional association, joint venture, or other business association in which you, your spouse, or a dependent child held, acquired, or sold 50 percent or more of the outstanding ownership and indicate the category of the amount of the assets. For more information, see FORM PFS--INSTRUCTION GUIDE.

1 BUSINESS		NAME AND ADDRESS				
ASSOCIATION	(Check If Filer's Home Address)					
	SKYVIEW DEVELOPMENT LLC					
	320 SOUTH R. L. THO	320 SOUTH R. L. THORNTON FREEWAY, SUITE 300				
		•				
	DALLAS, TX 75203-18	04				
2 BUSINESS TYPE	REAL ESTATE DEVEL	REAL ESTATE DEVELOPMENT				
3 HELD, ACQUIRED, OR SOLD BY	X FILER	SPOUSE	DEPENDENT CHILD _			
4 ASSETS	DESC	CRIPTION	CATE	GORY		
	320 SOUTH R. L. THO	RNTON FREEWAY - 3	LESS THAN \$5,000	\$5,000 - \$9,999		
	STORY BUILDING		\$10,000 - \$24,999	X \$25,000 OR MORE		
	523 EADS STREET - H UNIMPROVED LAND	OUSE AND	LESS THAN \$5,000	\$5,000 - \$9,999		
			\$10,000 - \$24,999	x \$25,000 OR MORE		
	1008 HUTCHINS AVEN	NUE - TWO VACANT	LESS THAN \$5,000	\$5,000 - \$9,999		
	1015		X \$10,000 - \$24,999			
			X \$10,000 - \$24,999	\$25,000 OK WORE		
1030 RED OAK STREET - VACANT LOT		LESS THAN \$5,000	\$5,000 - \$9,999			
		ļ.				
				\$25,000 OR MORE		
			i			

ASSETS OF BUSINESS ASSOCIATIONS

PART 11A

If the requested information is not applicable, indicate that on Page 2 of the Cover Sheet, and DO NOT include this page in the report.

Describe all assets of each corporation, firm, partnership, limited partnership, limited liability partnership, professional corporation, professional association, joint venture, or other business association in which you, your spouse, or a dependent child held, acquired, or sold 50 percent or more of the outstanding ownership and indicate the category of the amount of the assets. For more information, see FORM PFS--INSTRUCTION GUIDE.

1 BUSINESS	NAME AND ADDRESS				
ASSOCIATION	(Check If Filer's Home Address)				
	WEST & ASSOCIATES, LLP (LEGAL)				
	320 SOUTH R. L. THORNTON FREEWAY, SUITE 300				
	DALLAS, TX 75203-1804				
2 BUSINESS TYPE	LEGAL				
3 HELD, ACQUIRED, OR SOLD BY	X FILER SPOUSE	DEPENDENT CHILD			
4 ASSETS	DESCRIPTION	CATEGORY			
	EQUIPMENT	LESS THAN \$5,000 S5,000 - \$9,999			
		\$10,000 - \$24,999 X \$25,000 OR MORE			
	OFFICE FURNITURE	LESS THAN \$5,000 \$5,000 - \$9,999			
		X \$10,000 - \$24,999			
	COMPUTER EQUIPMENT	LESS THAN \$5,000 S5,000 - \$9,999			
		X \$10,000 - \$24,999			
	CLIENT TRUST ACCOUNT				
	CEIENT TROOT ACCOUNT	i LESS THAN \$5,000 \$5,000 - \$9,999			
		\$10,000 - \$24,999 X \$25,000 OR MORE			

LIABILITIES OF BUSINESS ASSOCIATIONS

PART 11B

If the requested information is not applicable, indicate that on Page 2 of the Cover Sheet, and DO NOT include this page in the report.

Describe all liabilities of each corporation, firm, partnership, limited partnership, limited liability partnership, professional corporation, professional association, joint venture, or other business association in which you, your spouse, or a dependent child held, acquired, or sold 50 percent or more of the outstanding ownership and indicate the category of the amount of the assets. For more information, see FORM PFS--INSTRUCTION GUIDE.

1 BUSINESS		NAM	E AND ADDRESS		
ASSOCIATION	(Check If Filer's Home Address)				
	SKYVIEW DEVELOPMENT LLC				
	320 SOUTH R. L. THORNTON FREEWAY, SUITE 300				
	DALLAS, TX 75203-1	1804			
2 BUSINESS TYPE		201424111/			
	LIMITED LIABILITY	COMPANY			
3 HELD, ACQUIRED,					
OR SOLD BY	X FILER	SPOUSE	DEPENDENT CHILD _		
4 LIADULTIES	DE	CODIDITION	CATI	-CODY	
4 LIABILITIES		SCRIPTION	i	EGORY	
	DEBT		LESS THAN \$5,000	\$5,000 - \$9,999	
			\$10,000 - \$24,999	X \$25,000OR MORE	
			1	X \$20,000 OIT MOTE	
	TENANT DEPOSITS		LESS THAN \$5,000	X \$5,000 - \$9,999	
			ı '''	_	
			\$10,000 - \$24,999	\$25,000OR MORE	
	l				

BOARDS AND EXECUTIVE POSITIONS

PART 12

If the requested information is not applicable, indicate that on Page 2 of the Cover Sheet, and DO NOT include this page in the report.

List all boards of directors of which you, your spouse, or a dependent child are a member and all executive positions you, your spouse, or a dependent child hold in corporations, firms, partnerships, limited partnerships, limited liability partnerships, professional corporations, professional associations, joint ventures, other business associations, or proprietorships, stating the name of the organization and the position held. For more information, see FORM PFS--INSTRUCTION GUIDE.

1 ORGANIZATION	BLACK AMERICA W	VEB RELIEF FUND		
2 POSITION HELD	SECRETARY			
3 POSITION HELD BY	X FILER	SPOUSE	DEPENDENT CHILD	
ORGANIZATION	CIRCLE TEN COUN	ICIL OF BOY SCOUTS	OF AMERICA	
POSITION HELD	EXECUTIVE VICE F	PRESIDENT		
POSITION HELD BY	X FILER	SPOUSE	DEPENDENT CHILD	
ORGANIZATION	EDUCATION IS FRE	EEDOM		
POSITION HELD	BOARD MEMBER			
POSITION HELD BY	X FILER	SPOUSE	DEPENDENT CHILD	
ORGANIZATION	TOM JOYNER FOU	NDATION, INC		
POSITION HELD	SECRETARY			
POSITION HELD BY	X FILER	SPOUSE	DEPENDENT CHILD	
ORGANIZATION	ROYCE WEST & AS	SSOCIATES, P.C.		
POSITION HELD	PRESIDENT			
POSITION HELD BY	X FILER	SPOUSE	DEPENDENT CHILD	
ORGANIZATION	SKYVIEW DEVELO	PMENT LLC		
POSITION HELD	PRESIDENT			
POSITION HELD BY	X FILER	SPOUSE	DEPENDENT CHILD	
	-			

BOARDS AND EXECUTIVE POSITIONS

PART 12

If the requested information is not applicable, indicate that on Page 2 of the Cover Sheet, and DO NOT include this page in the report.

List all boards of directors of which you, your spouse, or a dependent child are a member and all executive positions you, your spouse, or a dependent child hold in corporations, firms, partnerships, limited partnerships, limited liability partnerships, professional corporations, professional associations, joint ventures, other business associations, or proprietorships, stating the name of the organization and the position held. For more information, see FORM PFS--INSTRUCTION GUIDE.

ı					
1	ORGANIZATION	WEST & ASSOCIATES , LLP			
2	POSITION HELD	MANAGING PARTNER			
3	POSITION HELD BY	X FILER	SPOUSE	DEPENDENT CHILD	
	ORGANIZATION	SOUTHWESTERN MED	ICAL FOUNDATION		
	POSITION HELD	AUDIT COMMITTEE ME	MBER		
	POSITION HELD BY	FILER	X SPOUSE	DEPENDENT CHILD	
	ORGANIZATION	VISITDALLAS			
	POSITION HELD	FINANCE COMMITTEE	MEMBER		
	POSITION HELD BY	FILER	X SPOUSE	DEPENDENT CHILD	
ı					

EXPENSES ACCEPTED UNDER HONORARIUM EXCEPTION

PART 13

If the requested information is not applicable, indicate that on Page 2 of the Cover Sheet, and DO NOT include this page in the report.

Identify any person who provided you with necessary transportation, meals, or lodging, as permitted under section 36.07(b) of the Penal Code, in connection with a conference or similar event in which you rendered services, such as addressing an audience or participating in a seminar, that were more than perfunctory. Also provide the amount of the expenditures on transportation, meals, or lodging. You are not required to include items you have already reported as political contributions on a campaign finance report, or expenditures required to be reported by a lobbyist under the lobby law (chapter 305 of the Government Code). For more information, see FORM PFS--INSTRUCTION GUIDE.

1 PROVIDER	NAME AND ADDRESS
	PRAIRIE VIEW A&M UNIVERSITY - THE COLLEGE OF CRIMINAL JUSTICE & PSYCHOLOGY
	P. O. BOX 519, MS 2600
	PRAIRIE VIEW, TX 77446-0519
2 AMOUNT	\$159.00

FEES RECEIVED FOR SERVICES RENDERED TO A LOBBYIST OR LOBBYIST'S EMPLOYER

PART 15

If the requested information is not applicable, indicate that on Page 2 of the Cover Sheet, and DO NOT include this page in the report.

	Government Code, or for providing be registered as a lobbyist. Repo	oviding services to or on behair of a person required to be registered as a lobbyist under chapter 305 of the g services to or on behalf of a person you actually know directly compensates or reimburses a person required to the the the the the the the the category of the amount see FORM PFSINSTRUCTION GUIDE.	
1	PERSON OR ENTITY FOR WHOM SERVICES WERE PROVIDED	AT&T SERVICES INC	
2	FEE CATEGORY	LESS THAN \$5,000 \$5,000 - \$9,999 \$10,000 - \$24,999 X \$25,000OR MORE	
1	PERSON OR ENTITY FOR WHOM SERVICES WERE PROVIDED	BANK OF AMERICA CORPORATION	
2	FEE CATEGORY	LESS THAN \$5,000 \$5,000 - \$9,999 \$10,000 - \$24,999 X \$25,000OR MORE	
1	PERSON OR ENTITY FOR WHOM SERVICES WERE PROVIDED	BANK OF AMERICA NA MERCHANT REPORTING	
2	FEE CATEGORY	LESS THAN \$5,000 \$5,000 - \$9,999 \$10,000 - \$24,999 X \$25,000OR MORE	
1	PERSON OR ENTITY FOR WHOM SERVICES WERE PROVIDED	DALLAS INDEPENDENT SCHOOL DISTSRICT	
2	FEE CATEGORY	LESS THAN \$5,000 S5,000 - \$9,999 \$10,000 - \$24,999 X \$25,000OR MORE	
1	PERSON OR ENTITY FOR WHOM SERVICES WERE PROVIDED	HILLTOP SECURITIES	
2	FEE CATEGORY	LESS THAN \$5,000 S5,000 - \$9,999 \$10,000 - \$24,999 X \$25,000OR MORE	
			_
1	PERSON OR ENTITY FOR WHOM SERVICES WERE PROVIDED	HOUSTON INDEPENDENT SCHOOL DISTRICT	
	FOR WHOM SERVICES	HOUSTON INDEPENDENT SCHOOL DISTRICT LESS THAN \$5,000 \$5,000 - \$9,999 \$10,000 - \$24,999 X \$25,000OR MORE	
2	FOR WHOM SERVICES WERE PROVIDED		
2	FOR WHOM SERVICES WERE PROVIDED FEE CATEGORY PERSON OR ENTITY FOR WHOM SERVICES	LESS THAN \$5,000 \$5,000 - \$9,999 \$10,000 - \$24,999 X \$25,000OR MORE	
2	PERSON OR ENTITY FOR WHOM SERVICES WERE PROVIDED PERSON OR ENTITY FOR WHOM SERVICES WERE PROVIDED	LESS THAN \$5,000 S5,000 - \$9,999 S10,000 - \$24,999 X \$25,000OR MORE JP MORGAN CHASE & CO	
1 1	PERSON OR ENTITY FOR WHOM SERVICES WERE PROVIDED FEE CATEGORY PERSON OR ENTITY FOR WHOM SERVICES WERE PROVIDED FEE CATEGORY PERSON OR ENTITY FOR WHOM SERVICES	LESS THAN \$5,000 \$5,000 - \$9,999 \$10,000 - \$24,999 X \$25,000OR MORE JP MORGAN CHASE & CO □ LESS THAN \$5,000 \$5,000 - \$9,999 X \$10,000 - \$24,999 \$25,000OR MORE	
1 2	PERSON OR ENTITY FOR WHOM SERVICES WERE PROVIDED PERSON OR ENTITY FOR WHOM SERVICES WERE PROVIDED PERSON OR ENTITY FOR WHOM SERVICES WERE PROVIDED	□ LESS THAN \$5,000 \$5,000 - \$9,999 □ \$10,000 - \$24,999 ☒ \$25,000OR MORE JP MORGAN CHASE & CO □ LESS THAN \$5,000 □ \$5,000 - \$9,999 ☒ \$10,000 - \$24,999 □ \$25,000OR MORE KOFILE TECHNOLOGIES GROUP INC	
1 2 1	PERSON OR ENTITY FOR WHOM SERVICES WERE PROVIDED FEE CATEGORY PERSON OR ENTITY FOR WHOM SERVICES WERE PROVIDED PERSON OR ENTITY FOR WHOM SERVICES WERE PROVIDED FEE CATEGORY PERSON OR ENTITY FOR WHOM SERVICES	LESS THAN \$5,000 \$5,000 - \$9,999 \$10,000 - \$24,999 X \$25,000OR MORE JP MORGAN CHASE & CO LESS THAN \$5,000 \$5,000 - \$9,999 X \$10,000 - \$24,999 \$25,000OR MORE KOFILE TECHNOLOGIES GROUP INC LESS THAN \$5,000 \$5,000 - \$9,999 \$10,000 - \$24,999 X \$25,000OR MORE	

FEES RECEIVED FOR SERVICES RENDERED TO A LOBBYIST OR LOBBYIST'S EMPLOYER If the requested information is not applicable, indicate that on Page 2 of the Cover Sheet, and DO NOT include this page in the report.

PART 15

	ii the requested information is no	ot applicable, indicate that on F	Page 2 of the Cover Sheet	t, and DO NOT include this	s page in the report.
	Government Code, or for providing be registered as a lobbyist. Report	eport any fee you received for providing services to or on behalf of a person required to be registered as a lobbyist under chapter 305 of the overnment Code, or for providing services to or on behalf of a person you actually know directly compensates or reimburses a person required to registered as a lobbyist. Report the name of each person or entity for which the services were provided, and indicate the category of the amount each fee. For more information, see FORM PFSINSTRUCTION GUIDE.			
1	PERSON OR ENTITY FOR WHOM SERVICES WERE PROVIDED	WELLS FARGO SECURI	TIES LLC AS AGENT I	FOR WELLS FARGO BA	ANK NA
2	FEE CATEGORY	LESS THAN \$5,000	\$5,000 - \$9,999	\$10,000 - \$24,999	X \$25,000OR MORE
_					

LEGISLATIVE CONTINUANCES **PART 18** If the requested information is not applicable, indicate that on Page 2 of the Cover Sheet, and DO NOT include this page in the report. Identify any legislative continuance that you have applied for or obtained under section 30.003 of the Civil Practice and Remedies Code, or under another law or rule that requires or permits a court to grant continuances on the grounds that an attorney for a party is a member or member-elect of the legislature. NAME OF PARTY MCBRIDE, DEWAYNE REPRESENTED 2 DATE RETAINED 02/17/2017 3 STYLE, CAUSE NUMBER, MCBRIDE v. ARCHITECTURAL, 275,933-C, 169 DISTRICT COURT, BELL COUNTY **COURT & JURISDICTION** DATE OF CONTINUANCE 02/23/2017 **APPLICATION** WAS CONTINUANCE X YES □ NO GRANTED?

PERSONAL FINANCIAL STATEMENT

PARTS MARKED "NOT APPLICABLE" BY FILER

FORM PFS
COVER SHEET
PAGE 2

On this page, indicate any Parts of Form PFS that are not applicable to you. If you do not place a check in a box, then pages for that Part must be included in the report. If you place a check in a box, do NOT include pages for that Part in the report.

6 I	PAR	TS NOT APPLICABLE TO FILER
[N/A Part 1A - Sources of Occupational Income
[Χ	N/A Part 1B - Retainers
[N/A Part 2 - Stock
		N/A Part 3 - Bonds, Notes & Other Commercial Paper
[N/A Part 4 - Mutual Funds
[N/A Part 5 - Income from Interest, Dividends, Royalties & Rents
[N/A Part 6 - Personal Notes and Lease Agreements
[N/A Part 7A - Interests in Real Property
[N/A Part 7B - Interests in Business Entities
[Χ	N/A Part 8 - Gifts
[Χ	N/A Part 9 - Trust Income
[Χ	N/A Part 10A - Blind Trusts
	Χ	N/A Part 10B - Trustee Statement
[N/A Part 11A - Assets of Business Associations
[N/A Part 11B - Liabilities of Business Associations
		N/A Part 12 - Boards and Executive Positions
[N/A Part 13 - Expenses Accepted Under Honorarium Exception
[Χ	N/A Part 14 - Interest in Business in Common with Lobbyist
[N/A Part 15 - Fees Received for Services Rendered to a Lobbyist or Lobbyist's Employer
[Χ	N/A Part 16 - Representation by Legislator Before State Agency
[Χ	N/A Part 17 - Benefits Derived from Functions Honoring Public Servant
		N/A Part 18 - Legislative Continuances

PERSONAL FINANCIAL STATEMENT AFFIDAVIT				
The law requires the personal financial statement to be verified.	Without proper verification, the statement is not considered filed.			
The verification page on a personal statement filed electronically with the Texas Ethics Commission must have the electronic signature of the ndividual required to file the personal financial statement.				
The verification page on a personal financial statement filed with fithe individual required to file the personal financial statement erson authorized by law to administer oaths and affirmations.	n an authority other than the Texas Ethics Commission must have the signature as wells as the signature and stamp or seal of office of a notary public or other			
	I swear, or affirm, under penalty of perjury, that this financial statement covers calendar year ending December 31, 2017, and is true and correct and includes all information required to be reported by me under chapter 572 of the Government Code.			
	The Honorable Royce West			
	Signature of Filer			
AFFIX NOTARY STAMP / SEAL ABOVE				
Sworn to and subscribed before me, by the said of, 20, to certify which, witne	, this the day ess my hand and seal of office.			
Signature of officer administrating cath	no of officer administering onth			
Signature of officer administering oath Printed nan	ne of officer administering oath Title of officer administering oath			